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CONFIRMATION NO. 6765

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| SERIAL NUMBER<br>10/804,135 | FILING DATE<br>03/19/2004<br><br>RULE | CLASS<br>280 | GROUP ART UNIT<br>3618 | ATTORNEY<br>DOCKET NO.<br>032553-040 |
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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
 This application is a CON of PCT/CH02/00518 09/20/2002 *Yes*  
*HP*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *Yes*  
 SWITZERLAND 1744/01 09/21/2001  
*HP*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 06/01/2004

|  |   |                                    |                        |                      |                            |
|--|---|------------------------------------|------------------------|----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br><i>HP</i><br>Examiner's Signature Initials | STATE OR<br>COUNTRY<br>SWITZERLAND | SHEETS<br>DRAWING<br>4 | TOTAL<br>CLAIMS<br>6 | INDEPENDENT<br>CLAIMS<br>1 |
|--|---|------------------------------------|------------------------|----------------------|----------------------------|

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TITLE  
 Raising wheel chair

|                                   |   |  |
|-----------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>770 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue ) |
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